

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

33971

**1. PLACE OF DEATH**

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City St. Louis (No. 505 , Gano ave)  
St. .... Ward)

File No.....  
Registered No. 9316

**2. FULL NAME** Mary Anna Buel.  
(a) Residence, No. 505 Gano St., 9 Ward.  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles A. Buel  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 16 1859  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
73 9 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo. 1

MOTHER FATHER 13. NAME George Behre

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

15. MAIDEN NAME Otilda Dall

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Chas. F. Buel Jr.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cemetery DATE Oct. 21, 1932

19. UNDERTAKER (ADDRESS) Wm. Schumacher

20. FILED 667 20 1932 Registrar. 10/20/32

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 19, 1932  
22. Dr. J. W. Kemmer HEREBY CERTIFY, in attendance That I attended deceased from ..... 19..... to ..... 19.....  
I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 46 m.  
The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance: Chronic Myocarditis  
Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? No  
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury No Injury  
Nature of injury.....  
24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify..... (Signed) J. W. Kemmer M.D.  
(Address) Dep. Coroner

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

